Revision: HCFA-PM-91-4

AUGUST 1991

(BPD)

ATTACHMENT 4.18-D

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OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: MINNESOTA

Premiums Imposed on Low Income Pregnant Women and Infants

A. The following method is used to determine the monthly premium imposed on optional categorically needy pregnant women and infants covered under section 1902(a)(10)(A)(ii)(IX)(A) and (B) of the Act:

No premium is imposed.

B. A description of the billing method used is as follows (include due date for premium payment, notification of the consequences of nonpayment, and notice of procedures for requesting waiver of premium payment):

Not applicable.

OFFICIAL

*Description provided on attachment.

.1 No.: 91-33	Approval Date:	1-29-92	Effective	Date:	10/	01/91
Supersedes						
TN No.				HCFA	ID:	7986E

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	State/Territory: <u>MINNESOTA</u>												
c.	State	or local	funds	under	other	programs	are	used	to	pay	for	premiums	:
	<u></u>	Yes			<i></i> /	No							
	Not Ap	oplicable	•										

D. The criteria used for determining whether the agency will waive payment of a premium because it would cause an undue hardship on an individual are described below:

Not Applicable.

OFFICIAL

*Description provided on attachment.

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